



## **Business & Community Partnership Program**

To: Community Institute for Psychotherapy  
Fax: (415) 459-5602  
Email: [admin@cipmarin.org](mailto:admin@cipmarin.org)

Yes, we would like to participate in CIP's Business Community Partnership Program. We know that our support for CIP services represents a key investment in our community, strengthening families and brightening the future for children and adults.

**Please type or print clearly:**

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**Contact Name**

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**Business/Company name (as it should appear in all acknowledgements)**

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**Mailing Address**

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Participation Level:**

\_\_\_\_\_ \$1,000                      \_\_\_\_\_ \$500                      \_\_\_\_\_ \$250

**Payment method:**

\_\_\_\_\_ Credit card: Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID# \_\_\_\_\_

\_\_\_\_\_ Checks should be made payable to "Community Institute for Psychotherapy" and sent to CIP, 1330 Lincoln Avenue, # 201, San Rafael, CA 94901

*Thank you for supporting CIP and our work in the community!*

**Questions? Phone (415) 459-5999, ext. 101 or email [admin@cipmarin.org](mailto:admin@cipmarin.org)**